# Aetna Compass MED D - SilverScript - Premium Billing Missing Check Payment Research

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**Description:** Provides the MED D Customer Care Representative (CCR) with details necessary to assist **SilverScript** MED D beneficiaries with searching for a check, money order, cashier’s check, or bill pay check (payment sent directly from the beneficiary’s bank) payment submitted for their Premium Billing payment.

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| Reminders |

 Beneficiaries must be **WARM transferred** to the Premium Billing Specialized Care Team for the following call types (not all inclusive) at **1-(866)-824-4055**:

* Payment Plans
* Dunning Letter questions
* Payment Requests related to the recent receipt of a Dunning Letter
* Questioning Disenrollment due to nonpayment of Premium
* Requests for Reinstatement (Good Cause)

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| Process |

Perform the following steps:

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| **Step** | **Action** | |
| **1** | Verify the call is regarding a check submitted for a premium billing payment. | |
| **2** | Search all accounts in the beneficiary’s name to see if the check, money order, cashier’s check or bill pay payment has posted (this includes closed accounts). | |
| **3** | From the Claims Landing Page, click the **Current Balance** hyperlink in the **Quick Actions** panel to search the beneficiary’s **Mail Order Payment History** for the check.       * **If the check was NOT located in the Mail Order account,** proceed to **Step 4**. * **If the check was located in the Mail Order Account,** then open a Support Task for Payment Transfer.Send the following Support Task:   **CCR Note:** The following Support Task should also be submitted if the beneficiary states that the payment is posted to their spouse’s account, or they state they included the incorrect Payment ID number on their payment.  **Task Type:** Premium Billing Inquiry Medicare D  **Reason For Dispute:** Payment Transfer Request  **Check Number:** Check number for the payment  **Check Amount:** Amount of the check  **Contact Phone Number:** Beneficiary’s contact number  **Task Notes:** Document the following:   * **PTR013**, Payment needs to be <Moved **OR** Split between multiple accounts>. * Payment ID of accounts where the payment applies. * Payment ID of accounts the funds should be applied to. * Amount applied to each account.   Provide the **Target Completion Turn Around Time** listed in the task.  **Notes:**   * A Task or Route that simply says “Please Research” is **UNACCEPTABLE**. * Only send **ONE** Support task for this matter. * Do **NOT** sendone Support task under each account. | |
| **4** | From the Medicare D Landing Page, review alerts from the **Medicare D Alerts** panel to verify if any rejected checks have been returned to the beneficiary.  **Note:** The letter for the returned item will be in OneClick. Refer to [Compass MED D - Viewing Correspondence and Requesting Reprints (061763)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=6bce8cc8-2318-4271-85a3-07198190a18c).     * **If the check was NOT returned to the beneficiary**, proceed to **Step 5**. * **If the check was returned to the beneficiary**, explain to beneficiary that the check was not accepted due to the reason stated in the note, and the check was returned to them in the mail. Document the account in Case Comments and close the call. | |
| **5** | Ask the beneficiary if the payment was mailed to the plan by the beneficiary or if the beneficiary made the payment through their bank (Bank BillPay)? Ask the beneficiary if the check has been cashed and if they can provide the check number, check amount and date the check cleared their bank?  **CCR Process Note:** Also include the date the check was cashed if the beneficiary is able to provide this information **(if the beneficiary cannot provide the date cashed, the Support task must still be submitted)**. | |
| **If…** | **Then…** |
| Yes, **and** the beneficiary has check details | A task should be opened to research missing payment and should include check number and date cashed, if possible. Must have Check amount and Check date (date payment was made/mailed). The Support Task must also include the method of the payment (Check, Money Order, Bank BillPay [payment through the member’s bank]).  Send the following Support task:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** Payment Research- Payment Not Posted to Account  **Task Notes:** Document the following:   * **MPR012**, Beneficiary made a <check, Money Order, or Bank Bill Pay> payment for their premiums in the amount of <$XX.XX> that is not posted to their account. The payment was <submitted or mailed> on or around MM/DD/YYYY. The check number is<enter check number if applicable & beneficiary can provide it>. * Beneficiary’s phone number   **CCR Process Note:** If the beneficiary is inquiring about more than one payment that is not posted to their account, the above information **MUST** be provided for each payment.  Complete the task fields as applicable:   * **Member Phone:** Required * **Amount Disputed:** Required * **Payment Not Applied?**  If Yes, complete check detail fields below: * **Check Number:** If available * **Check Amount:** Required * **Check Date/Post Date:**  The date the check was written   A Task that simply says “Please Research” is **UNACCEPTABLE**.  Provide the **Target Completion Turn Around Time** listed in the task. |
| Yes, **but** beneficiary does not have check details | Advise the beneficiary to call back at another time when they do have the check details, OR request the following be faxed or mailed in from the beneficiary:   * Fax or mail a legible copy of the front and back side of the cleared check to assist with further research.   **Note:** Only provide this address for missing payment research:  **SilverScript Insurance Company**  **PO Box 30001**  **Pittsburgh, PA 15222-0330**  **Fax: 1-866-552-6205**  If the beneficiary insists on further research of the cashed payment or has called into Care multiple times regarding the missing payment (as indicated by Member’s Recent Cases), the CCR should proceed with a Support Task with as much information as possible regarding the payment:  **Task Type:** Premium Billing Inquiry Medicare D  **Reason for Dispute:** Payment Research- Payment Not Posted to Account  **Task Notes:** Document the following:   * **MPR012**, Beneficiary made a <check, Money Order, or Bank Bill Pay> payment for their premiums in the amount of <$XX.XX> that is not posted to their account. The payment was <submitted or mailed> on or around MM/DD/YYYY. The check number is<enter check number if applicable & beneficiary can provide it>. * Beneficiary’s phone number   **CCR Process Note:** If the beneficiary is inquiring about more than one payment that is not posted to their account, the above information **MUST** be provided for each payment.  Complete the task fields as applicable:   * **Member Phone:** Required * **Amount Disputed:** Required * **Payment Not Applied?**  If Yes, complete check detail fields below: * **Check Number:** If available * **Check Amount:** Required * **Check Date/Post Date:**  The date the check was written   Provide the **Target Completion Turn Around Time** listed in the task. |
| No, check is not cashed | **Explain to beneficiary:**  It can take up to 14 days for checks to be received and applied to the account. If it has been longer than 14 days from the date mailed, refer beneficiary to their bank for recourse. We are unable to search for uncashed checks. |

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| Frequently Asked Questions |

Refer to the following:

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| **#** | **Question** | **Answers** |
| **1** | **How long does it take to process a check from the time it is mailed?** | It may take up to 14 business days for us to receive check payments sent via mail. Once received, check payments are processed/posted within 3 business days. |
| **2** | **I made a payment online, when will the payment post to my account?** | Ask the beneficiary if the payment was made through AetnaMedicare.com/PayYourPremium or through the beneficiary’s on-line banking service?   * Payments through AetnaMedicare.com/PayYourPremium can take up to 3 business days to post to the beneficiary’s account. * Payments made online through the bank are referred to as a bill pay service, which may be a physical check mailed through the postal service. It can take up to 14 business days for us to receive. Once received, it may take up to 3 business days for the payment to be posted to the beneficiary’s account. |
| **3** | **What is a bill pay check?** | This is a check issued by the bank when the beneficiary requests the bank to send a payment to SilverScript through the bank’s on-line service. The check is sent directly from the beneficiary’s bank to the plan through the mail. |
| **4** | **Where do I find the check number for a payment made online through my bank?** | Even though the request was done online through the beneficiary’s bank, we may receive a physical check. The beneficiary will need to contact their bank to get the check number and to determine if the check was cashed. Advise the beneficiary to request the copy of the front and back of the check from their bank. |
| **5** | **My bank account shows my online check cleared my bank on this date XX/XX/XX, why is my check not applied to my account?** | The date it came out of the beneficiary’s account is close to the day the bank issued the check. Advise the beneficiary this does not include postal delivery time. Please request a copy of the front and back of the cleared check from the bank. |
| **6** | **How long does it take to process items submitted through the beneficiary’s bank’s electronic (bill pay) process?** | Even though this was requested electronically through the beneficiary’s bank, we may receive the payments by check through the mail. These checks may take up to 14 business days for us to receive. Once received, it may take up to 3 business days for the payment to be posted to the beneficiary’s account. |

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| Related Documents |

[Aetna Compass MED D - SilverScript - Premium Billing General Information, Processes, & Document Index (062831)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=b4765dd1-d9b7-4dbe-afd6-0e4f6b509082)

**Grievance Standard Verbiage:** Refer to the “Grievance Standard Verbiage (for use in Discussion with Beneficiary)” section in the appropriate work instruction linked to from [Compass MED D - Grievances Index (062962)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=70034f51-77df-49a4-ae97-7d3d63b216b3)

**Parent Document:** **CALL-0048:** [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0048)

**Abbreviations/Definitions:** [Customer Care Abbreviations, Definitions, and Terms Index (017428)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=c1f1028b-e42c-4b4f-a4cf-cc0b42c91606)

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